

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14887

State File No. _____

FILED JUN 13 1955

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 4078 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir.</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Delta Mo.</u>		c. CITY OR TOWN <u>Delta Mo.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>35 yr</u>		STREET ADDRESS (If rural, give location) <u>No address</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Drown, Delta Mo.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>Henry</u>	c. (Last) <u>Ratledge</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 1, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 10 1888</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>24</u>	IF UNDER 1 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pumper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Cotton Belt R.R.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>0</u> <u>Allenville Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Henry Ratledge</u>	13b. MOTHER'S MAIDEN NAME <u>Ida Belle Shults</u>	14. NAME OF HUSBAND OR WIFE <u>Lydia Ratledge Delta Mo.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lydia Ratledge</u> ADDRESS <u>Delta Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>9298</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>42</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about farm, factory, street, office bldg, etc.) <u>Thum his Slough</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Delta Cape Gir. Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>June 4 - '55 1:30 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell in Thum his Slough</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. G. Sigmond, Coroner & Jackson, Mo.</u>	23b. ADDRESS _____	23c. DATE SIGNED <u>6-4-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 6 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Zion Methodist Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Gordonville Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6/8/55</u>	REGISTRAR'S SIGNATURE <u>J. H. Peabough</u>	518-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Ester</u> ADDRESS <u>Cape Gir. Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1160

1956 JUL 1 700

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed:..... *W. H. Eater*

Licensed Embalmer No. *356*

P. O. Address *Cape Hill*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
• If this body is not embalmed, fact should be so stated above.